

BUREAU OF THE CENSUS
FILED MAY 15 1943

STANDARD CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. 23 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEJennie Young

3. (b) If veteran,
name war _____

3. (c) Social Security
No. ? None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married.
divorced married
6. (b) Name of husband or wife Charles Young 6. (c) Age of husband or wife if
alive 62 years
7. Birth date of deceased July 5 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 6 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Jones
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Harrigan
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Young
(b) Address 5333 Janet Ave
Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Guth Herman & Son
(b) Address 2161 E. Fair Ave

19. (a) 5-13-43 (b) Dr. Mc Lary, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Jennings
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5333 Janet Ave.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 9 minutes 15 A.M.

21. I hereby certify that I attended the deceased from 1-18-43
_____, 19____, to 5-11-43, 19____
that I last saw her alive on 5-11-43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis Duration 4 months

Due to multiple abscesses 4-5 months

Due to Quintan metastasis 2 yrs +

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy Pulmonary emboli
Arterial infarction

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Raymond Adger (MD or other) MD
Address St. Joseph County, Mo Date signed 5-14-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.